NHS

The future of Birmingham and Solihull NHS Clinical Commissioning Groups

Consultation document

10 July - 18 August 2017

Contents

About this consultation

This consultation asks for your views on options for changing the way NHS commissioning is arranged in Birmingham and Solihull.

NHS commissioning is the process of planning, agreeing and monitoring health services.

The three commissioning organisations in Birmingham and Solihull are:

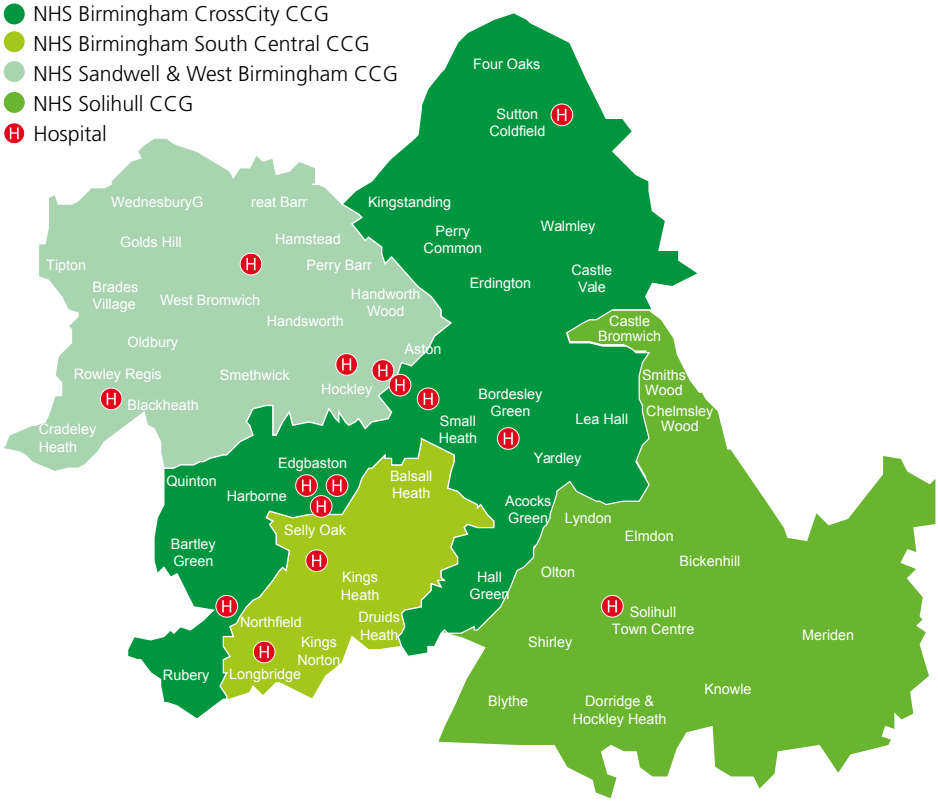
- NHS Birmingham CrossCity Clinical Commissioning Group
- NHS Birmingham South Central Clinical Commissioning Group
- NHS Solihull Clinical Commissioning Group

NHS Clinical Commissioning Groups (CCGs) took over responsibility for planning, paying for and monitoring local health services in April 2013.

They are organisations combining the expertise of local family doctors (GPs) and NHS managers; putting local doctors and nurses at the very heart of deciding what health services to provide, where and how.

The West Birmingham population is served by NHS Sandwell and West Birmingham CCG, which is a partner in the Black Country Sustainability and Transformation Partnership; they are not directly involved in this consultation.

The areas the CCGs cover are:



Birmingham and Solihull have a total population of around 1.3m people. Both have areas of affluence and areas of significant deprivation.

How long will the consultation run for?

The consultation will run for six weeks from 10 July to 18 August 2017.

What is not included in this consultation?

This consultation is specifically about the future of NHS commissioning arrangements in Birmingham and Solihull.

It is not a consultation regarding any other NHS organisation, or NHS funded health services, and does not affect hospital or primary care (GP) services.

What are the current arrangements?

There are currently three separate CCGs in Birmingham and Solihull. Each one is a legal entity, with separate management teams. There are combined governance and decision making arrangements in place. The CCGs have created a shared health commissioning board, to co-ordinate the work of the three CCGs. There are currently three separate Accountable Officers and management teams.

The CCGs are in the process of appointing a single Chief Executive Officer, to lead the combined activity of all three CCGs. Ultimately this will offer clear executive leadership, additional capacity and economies of scale.

A transition group, made up of key members of staff from across the three CCGs, has been arranged to work on this consultation and its associated processes, to ensure that business as usual activity at the CCGs can continue.

Why do we want to make changes?

The Birmingham and Solihull Sustainability and Transformation Partnership (STP) sets a clear direction for planning, and partnership working, for the next five years. To maximise the benefits of planning and partnership working at this scale, we need a strong, consistent and credible commissioning vision and voice.

This is required to deliver the best possible outcomes for local people; tackling health inequalities and meeting the health and wellbeing needs of a diverse population, as well as improving CCG and provider performance. It is also required to provide financial sustainability across all of the CCGs.

The three CCGs have worked hard individually, together and with partner organisations in the NHS, local councils, voluntary and community sectors to tackle the issues causing these stark inequalities. The CCGs are committed to strengthening relationships with partners, including the local councils, and the continuation of joint commissioning arrangements and initiatives.

There have been many successes and staff are proud to be part of an exceptional team across the health and social care system, who work hard to ensure high quality health services for local people; but progress has been stifled by a lack of joined up working across the three CCGs.

Therefore, the CCGs have thought for some time that a more coherent approach to the planning and commissioning of services, would help them become more effective and give them a better chance of achieving their objectives more rapidly.

What have we learnt so far?

Throughout our recent pre-consultation engagement with key partners across Birmingham and Solihull, we have consistently learnt that the following objectives are important to them in the CCGs pursuing a single commissioning voice:

- Overall improved health and better outcomes for patients;
- A more sustainable local NHS;
- Better integration with the local authorities, especially for social care and preventing poor health outcomes;
- Consistency of commissioning, planning and personalisation of care for patients across Birmingham and Solihull;
- Ensuring that all patients can access the same high quality service, regardless of where they live in the area;
- A strong and strategic NHS commissioning voice to match that of the provider organisations and local authorities;
- A larger and stronger pool of clinical expertise;
- Maximising the potential benefits of the existing partnerships the three CCGs currently have; and
- Ensuring that diverse local health needs are continued to be met.

Feedback from stakeholders and comprehensive equalities analyses have both recognised that 'place' is a key issue. Birmingham and Solihull are made up of many different natural communities; a key consideration will be about how any new organisation can respond to that, whilst still delivering high quality commissioning across this area, including addressing and reducing health inequalities.

Organisational boundaries

The benefits of aligning the boundaries of NHS commissioning areas, with local council boundaries, are widely acknowledged. All of the options discussed in this paper cover the whole of Solihull Metropolitan Borough Council and most of Birmingham City Council's area. The West Birmingham population (approx. 213,000) is served by NHS Sandwell and West Birmingham CCG, which is a partner in the Black Country Sustainability and Transformation Partnership.

What would changes mean?

We have identified three options for the future. These options have been refined from an original list of possibilities, following pre-consultation engagement with stakeholders and internal appraisal processes.

An initial assessment of the options, and our current arrangements, has taken place, so we can fairly judge the impact they would have on achieving the aim we have set out.

To guide our thinking we have considered the following criteria for the current arrangements and each of the possible alternatives:

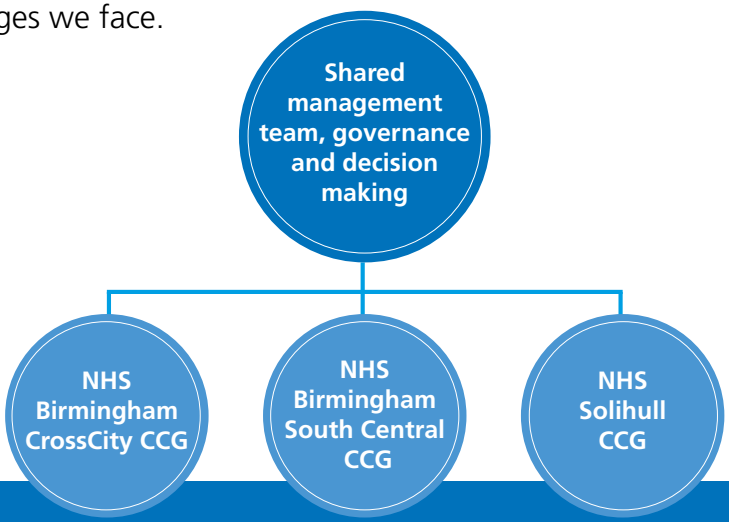
- Progress already made towards a single commissioning organisation;
- Realisation of possible efficiencies;
- Potential to address financial challenge; and
- Level of disruption and speed of change.

Option one - form a federation/continue with current arrangements; three separate CCGs, but establish a shared management team, governance and decision making.

In a federation, the CCGs would be separate organisations that share some staff and structures to help them work more efficiently. For example, they might have joint committees or committees that meet in common to undertake aligned priorities and responsibilities for example freedom of information requests or individual funding requests.

Each CCG in a federation has to keep its own constitution, governing body and membership arrangements for all statutory functions. The CCGs are currently working to towards this arrangement by appointing a single Chief Executive. However, the CCGs can withdraw from a federation at any time, therefore this option lacks long-term resilience.

Implementing this option would require the CCGs to design and implement new non-statutory governance arrangements. Comparing this option to our current arrangements, we have identified no advantages against the criteria set out by stakeholders. Implementing this option would incur little disruption for staff, have no impact on duplication and not address the STP boundary challenges we face.



Option two - a single CCG for Birmingham and a single CCG for Solihull; establishing joint working arrangements with Solihull CCG, a single management team, with joint processes and committees.

This arrangement would give us two CCGs, with a shared management team. It would work to existing local authority health scrutiny and health and wellbeing board arrangements. This would offer clear executive leadership, would provide some additional capacity and some economies of scale; with some existing benefits of the existing arrangements being maintained.

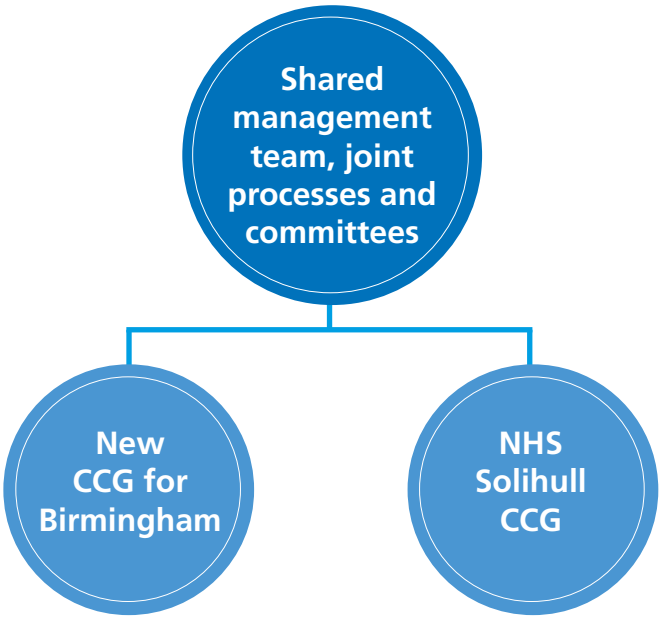
The single management team would work to two separate governing bodies, each with separate decision making processes and statutory responsibilities, focussing on their own geographic areas, although this would in part be addressed through joint working arrangements.

The arrangement would not be permanent; as either CCG could withdraw from the arrangement at any time which means the option lacks long term resilience.

Implementing this option would require the CCGs to design and implement new statutory and non-statutory governance arrangements. Comparing this option to our current arrangements, and against the objectives set out by stakeholders, we have identified that this arrangement would be more sustainable and reduce duplication in that there would be two, rather than three statutory partners.

We have found no advantage for either financial sustainability, or integration with health providers. Improved reporting and pooling of clinical expertise in Birmingham, would bring advantages for consistency of services in the Birmingham part of the STP area.

Implementing this option would cause the loss of some statutory and senior posts, and would address some of the boundary challenges internal to Birmingham, through consolidation, but would not address the STP boundary challenges we face.



Option three - a full functional organisational merger - one single Birmingham and Solihull commissioning approach and management team.

This is our preference.

The memberships and governing bodies of the three CCGs have considered the possible alternatives and agreed that option three, creating a single commissioning organisation by April 2018, gives the best possible chance of achieving our strategic objectives.

This option would give us a single CCG, with one management team, one governing body and one set of statutory duties for the whole of the Birmingham and Solihull STP area. The arrangement would be stable and permanent, aligning to existing local authority health scrutiny and health and wellbeing board arrangements, in both Birmingham and Solihull respectively. This option would also allow more effective partnership work within the STP, including with NHS England, on areas outside of CCGs' scope e.g. specialised commissioning.

Implementing this option would require the CCGs to design and implement new statutory governance arrangements. Comparing this option to our current arrangements, and against the objectives set out by stakeholders, we have identified that this arrangement would be significantly more sustainable and substantially reduce duplication because there would be one, rather than three, statutory partners.

This option offers the best chance to addresses the financial deficit position in Solihull and provides a single legal entity for providers and local authorities to engage with. A single set of reporting and policy approaches would deliver consistency for the people of Birmingham and Solihull.

All of our clinical skills and expertise would be available throughout the area, including specialisms, operated from a single solid legal footing. A new staffing structure would have to be designed, with fewer statutory and senior posts.

What are we consulting on?

We are running a consultation to ask for views on:

- Changes to the NHS commissioning organisations in Birmingham and Solihull; and
- Specifically three options, including a preferred option.

Consultation events

We are holding free public events in Birmingham and Solihull, so that local people can come along to discuss the proposals, ask questions and give comments, ideas and suggestions. We will also be holding specific events for CCG staff and for GPs.

Public meetings

Venue	Date and time
St. Barnabas Church, High St, Erdington, Birmingham B23 6SY	Wednesday 19 July 6-8pm
The Renewal Centre, Lode Lane, Solihull B91 2JR	Tuesday 25 July 6-8pm
Saffron Centre, 256 Moseley Rd, Birmingham B12 0BS	Wednesday 2 August 6-8pm
Solihull College, Woodlands Campus, Auckland Drive, Smith's Wood, B36 0NF	Tuesday 8 August 2017 6-8pm

What happens next?

When the consultation closes on 18 August 2017, the consultation report, including all of the feedback that we have received, will be finalised. This will then be considered by the CCGs and NHS England, in order to help NHS England make a final decision regarding the future of the Birmingham and Solihull CCGs at the end of September 2017.

The final decision will then be announced publically in October 2017.

For further information, please:

Write to us at:
Birmingham and Solihull CCG consultation
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Email us at:
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Phone us on:
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You can access the consultation document and questionnaire online here: **http://bit.ly/2jblrzt**

Frequently asked questions

What is this all about?

The Birmingham and Solihull Sustainability and Transformation Partnership (STP) sets a clear direction for planning, and partnership working, for the next five years. To maximise the benefits of planning and partnership working at this scale, we need a strong, consistent and credible commissioning vision and voice. This is required to deliver the best possible outcomes for local people; tackling health inequalities and meeting the needs of a diverse population, as well as improved CCG and provider performance.

This vision of working towards the creation of a single commissioning organisation, subject to consultation, is the next logical progression to the steps we have taken over the past 12 months. It will enable us to work more consistently, maximise our £1.7b spend and will fully realise the potential benefits of this for our 1.3m patients.

Why are you consulting about this and why can't you just do it?

There is a clear expectation for public consultation; this is not debatable and a transparent process is required. Involving people, communities and stakeholders meaningfully, is essential to effective service improvement and system transformation.

Section 14Z2 of the Health and Social Care Act 2012, places a requirement on CCGs to ensure stakeholder involvement in commissioning processes and decisions. Independent legal advice has confirmed the requirement to formally consult.

Has this happened anywhere else?

Yes. NHS Manchester CCG and NHS Newcastle and Gateshead CCG have both been through this process; both consulted with the public and stakeholders for four weeks.

Why is option three your preference?

Option three is the best way to deliver future commissioning across the combined Birmingham and Solihull STP area. It may be disruptive and distracting in the short term, but there'll be less bureaucracy and more capacity, leading to services that are consistent, fair and high quality; offering consistency for patients and reducing health inequalities.

Will this change the CCGs' commissioning intentions?

No. We are already working to a system wide plan; having a single commissioning voice will make it easier for us to achieve our objectives and commission consistently for patients. Hospital services will not be affected, as they are already jointly commissioned by the CCGs.

Can you explain the financial impact across Birmingham and Solihull?

CCGs are required to comply with NHS England's rules on financial performance. In particular, NHS England requires CCGs to:

- Achieve a break even position each year (their allocated funding minus what they plan to spend); and
- To retain a cumulative surplus of at least 1% of their funding allocation (the in-year surplus added to previous years' surplus, or deficit).

Meeting the combined Birmingham and Solihull financial plan for 2017/18 will result in an overall cumulative surplus of £28m, which is 1.7% of the total allocation. This would give a merged organisation a combined surplus nearly £12m higher than the minimum required by NHS England.

In previous financial years, up to and including 2016/17, the two Birmingham CCGs reported cumulative surpluses either in line with, or above, the minimum requirement. Solihull CCG also achieved its financial plans up to 2015/16, but reported a cumulative deficit of £2.8m in 2016/17. At the end of 2017/18, based on the approved plan, Solihull CCG will have a cumulative deficit of £8.3m, which would be offset against surpluses in Birmingham in the event of a full merger.

In common with most public sector areas, the financial situation across Birmingham and Solihull is challenging, and requires significant savings to be made to achieve the financial plans set out. The CCGs have a plan to address the savings needed in year, but there is of course a risk that savings targets may not be met.

Any new organisation will need a plan to ensure that it continues to contain its expenditure, within the funding available to it. A new financial strategy will be required; this might, for example, include an arrangement to maintain separate financial records for the two areas, which would be aligned to emerging accountable care arrangements.

Can you provide assurance that one area doesn't lose out to the other?

A single commissioning organisation will ensure that we are able to work more consistently and make our resources go further; delivering fair and equitable outcomes for patients.

We understand that there may be some concerns that local 'grass roots' engagement and relationships would be sacrificed. We would need to ensure that a consistent approach, based on best practice, was quickly implemented to ensure that this didn't happen.

There are also some excellent joint working initiatives already taking place across the all three current CCGs, which reflect the needs of local populations.

What about seldom heard groups?

The CCGs have a legal duty, under the Equality Act 2010, to remove or minimise any disadvantages suffered by people due to their protected characteristics e.g. people from Black, Asian and minority ethnic backgrounds (BAME), disabled people and people from the lesbian, gay, bisexual and trans (LGBT) community. We work hard to fulfil our duty and this will continue to happen.

Where does West Birmingham fit in this?

A number of possibilities are being considered and a preferred solution for West Birmingham will be agreed post-consultation. We know that this will be a practical solution, which ensures that the health needs of people in West Birmingham are fully met. Planning for West Birmingham will be included in the Birmingham and Solihull STP.

What is an accountable care system?

Accountable care systems (ACSs) bring together local NHS organisations, often in partnership with social care services and the voluntary sector. They build on the learning from and early results of NHS England's new care model 'vanguards', which are showing benefits such as slowing emergency hospitalisations growth by up to two thirds compared with other less integrated parts of the country.

How would a single CCG fit within an accountable care system?

A single commissioning organisation would provide a consistent view across both Birmingham and Solihull, regarding the principles and development of new models of care. The CCGs would become a more strategic and stronger commissioner, speaking with one voice, in line with the development of accountable care systems.

How will the new governance arrangements work for a single CCG?

A single commissioning organisation would have one Chief Executive, a Governing Body and a single management structure. All statutory obligations, committees and functions would be retained.

Have you made your minds up already?

No, not at all. Whilst we have a preferred option, we have been engaging with a wide range of people to get their views on this and the other options. We need this feedback to ensure that we're making the right choices; it's important that people tell us what they think about our plans.

What if the public and other stakeholders don't support your preferred option?

If there is a lack of support for the preferred option, the CCGs will remain in their current form and take time to consider their options going forward.

How will this all be scrutinised and agreed?

There will be several layers of scrutiny and sign-off before a decision is made: internally by the CCGs' memberships (GPs) and Birmingham and Solihull Health Commissioning Board (made up of clinical and non-clinical NHS staff); by the local democratic health scrutiny processes; by NHS England, both locally and nationally; and independently via due diligence and external scrutiny.

NHS England will make the final decision on whether the CCGs can proceed at the end of September 2017.

If the preferred option goes ahead, what will happen to staff?

If the preferred option is to merge the three CCGs, this would mean reducing three governing bodies and the executive management teams into one; there will naturally be some senior staff affected by this. However, it's too early to comment on this, as the decision hasn't been made on the future of the CCGs. The CCGs are committed to engaging with staff thoroughly, throughout the process. Further information will be shared, as soon as it becomes available, after the consultation.

If the preferred option goes ahead, where will the new CCG be based?

It's too early to comment on this, as the decision hasn't been made on the future of the CCGs. Further information will be shared, as soon as it becomes available, after the consultation.

Glossary of terms

Term	Meaning
ACS	Accountable Care System: bring together local NHS organisations, often in partnership with social care services and the voluntary sector.
CCG	Clinical Commissioning Group: a CCG is a clinically-led statutory NHS body responsible for the planning and commissioning of health care services for their local area.
Commissioning	buying, organising and planning health services.
STP	Sustainability and Transformation Partnership.
CCG membership	GPs in a geographical area who form the basis, and highest authority, of a CCG.
NHS England	NHS England leads the NHS in England. They set the priorities and direction of the NHS.
Primary care	Primary care is the first point of contact for health care for most people. It is mainly provided by GPs (general practitioners) but community pharmacists, opticians and dentists are also primary healthcare providers.
Secondary care	Secondary care services are usually based in a hospital or clinic.
Statutory posts	The posts that a CCG must legally have: Chair of the Governing Body Chief Clinical Officer/Chief Officer (non- clinical) Chief Finance Officer GP or other healthcare professional acting on behalf of practices Lay member - financial management and audit Lay member - public and patient involvement Secondary care doctor Nurse

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URDU	**اگر آپ کو مزید معلومات درکار ہوں یا یہ دستاویز آپ کو دیگر کسی فارمیٹ میں چاہیے ہو، تو براہ کرم engage.birminghamcrosscity@nhs.net پر ای میل کریں**
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SYLHETI	আফনার যদি আরো কুনও তথ্য জানার থাকে অথবা যদি এই ডকুমেন্টের আর কুনও ফরমেট দরকার পড়ে দয়া করিয়া **engage.birminghamcrosscity@nhs.net** ঠিকানাত ইমেইল করিবা।
CHATGAYA	অনে যদি আরও তথ্য পাইতান চন অথবা এই ডকুমেন্টারিগান অন্য কন ফরম্যাটত পাইতান চন, তইলে দয়া গরি **engage.birminghamcrosscity@nhs.net** ঠিকানায় ইমেইল গরিয়ন।
GUJARATI	જો તમારે વધુ માહિતી જોઇતી હોય અથવા આ દસ્તાવેજ અન્ય સ્વરૂપમાં જોઇતો હોય તો, કૃપા કરીને **engage.birminghamcrosscity@nhs.net** ઉપર ઈમેલ કરો
ARABIC	في حالة الرغبة في المزيد من المعلومات أو الحصول على الوثيقة في تنسيق مختلف، يرجى مراسلتنا على عنوان البريد الالكتروني: **engage.birminghamcrosscity@nhs.net**
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